

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF TEXAS
MARSHALL DIVISION**

MICHAEL RAY ANDERSON ET AL,

Plaintiffs

Case No. 2:19-cv-00076-JRG-RSP

v.

SHELBY OPERATING COMPANY ET AL,

Defendants

MOTION FOR LEAVE TO APPEAL IN FORMA PAUPERIS

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on the form are true and correct. (28 U.S.C. 1746; 18 U.S.C. 1621.)

3-11-2019

Date

Michael Anderson
Michael Anderson

Signature

My issues on appeal are:

I Michael Anderson and Ethel Pogue only get SSI and SSDI. Ethel Pogue is unable to work due to the need of severe medical issues of double hip replacements and 1 knee. We only together receive 1895.00 per month and most all of her check goes to rent and my check covers other bills ,medications, gas, household goods, Auto Insurance etc.

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF TEXAS

Michael Ray Anderson Et Al
(Plaintiff)

vs

Case No. 2:19-cv-00076-JRG-RSP

Shelby Operating Company Et Al
(Defendant)

MOTION TO PROCEED IN FORMA PAUPERIS

I, plaintiff, Michael Ray Anderson Et Al,
respectfully moves this Honorable Court for leave to proceed in this matter without payment of
fees, costs, or security.

Attached hereto is an affidavit in support of my motion to proceed in forma pauperis.

Respectfully submitted,

Plaintiff Michael Ray Anderson

Address 2175 S. State Highway 121
A2001

Lewisville, Texas 75067

Phone 214-780-6263

Date 3-11-2019

AFFIDAVIT IN SUPPORT OF MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

INSTRUCTIONS: Complete all questions in this affidavit and then sign it. Do not leave any blanks. If the answer to a question is "0", "none", or "not applicable (NA)", write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

1. Are you presently employed? YES _____ NO ☒

(a) If the answer is "YES", state the amount of your gross salary or wages per month and give the name and address of your employer.

\$ _____ per month

Employer _____

(b) If the answer is "NO", state the date of last employment and the amount of the gross salary and wages per month which you received.

\$ 800.00 per month

Employer Johnny Reed Carnival

2. Is your spouse presently employed? YES _____ NO ☒

If the answer is "YES", state the gross amount of his/her salary or wages per month and give the name and address of his/her employer.

\$ _____ per month

Employer _____

3. Have you or your spouse received within the past twelve (12) months any money from any of the following sources:

- (a) Business, profession, or form of self-employment? YES _____ NO ☒
- (b) Rent payment, interest or dividends? YES _____ NO ☒
- (c) Pensions, annuities, or life insurance payment? YES _____ NO ☒
- (d) Gifts or inheritances? YES _____ NO ☒
- (e) Any other sources? YES ☒ NO _____

If the answer to any of the above questions is "YES", describe each source of money and state the amount received from each during the last twelve (12) months and by whom.

Shelby Operating Company Royalty Check

4. How much cash do you and your spouse have? \$ 69.00.

5. List any money you or your spouse have in bank accounts or in any other financial institution and the name of the financial institution.

GreenDot Bank

6. List the assets and the values which you or your spouse own. Do not list clothing and ordinary household furnishings.

Home Address _____

Value of Home _____

Motor Vehicle #1 Make, Year, Model 2005 Ford Explorer

Value of Motor Vehicle #1 _____

Motor Vehicle #2 Make, Year, Model NONE

Value of Motor Vehicle #2 -

7. Do you or your spouse own any other real estate, stocks, bonds, notes, automobiles, or other valuable property not listed above (excluding ordinary household furnishings and clothing)?
YES _____ NO ☒

If the answer is "YES", describe the property and state its approximate value.

N/A

8. List the persons who are dependent upon you or your spouse for support, state your relationship to those persons, and indicate how much you contribute toward their support.

N/A

9. Do you expect any major changes to your spouse's monthly income or expenses or in your or your spouse's assets or liabilities during the next 12 months?
YES _____ NO ☒

If yes, describe below or on an attached sheet.

Spouse SSDI

10. Estimate the average monthly expenses of you and your family. If different, list separately the amounts paid by your spouse.

Rent or home-mortgage payment 1083.00 monthly

Utilities (electricity, heating fuel, water, sewer, and phone) 100.00

Home maintenance (repairs and upkeep) (30.00) Cleaning materials

Food 350.00

Clothing N/A

Laundry and dry-cleaning 25.00 30.00

Medical and dental expenses 30.00 medications

Transportation (not including motor vehicle payments) _____

Recreation, entertainment, newspapers, magazines, etc. None

Insurance (not deducted from wages or include in mortgage payments)

Homeowner's or renter's insurance N/A

Life insurance N/A

Health insurance N/A

Motor vehicle insurance 101.63

Other insurance N/A

Taxes (not deducted from wages or included in mortgage payments) _____

Installment payments

Motor vehicle N/A

Credit card N/A

Department store credit card N/A

Other installment payments N/A

Alimony, maintenance and support paid to others N/A

Regular expenses for operation of business, profession, or farm (attach a detailed statement) N/A

Other expenses Sometimes OIL change Auto Repair

11. Provide any other information that will help explain why you cannot pay the filing fees for your case.

I receive SSI & Ethel Receive SSDI our income we can only
afford Budget Suite at the time Here are some Supporting
Documents

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the filing fees of my case. I believe that I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct.
(28 U.S.C. 1746, 18 U.S.C. 1621)

Michael Ray Anderson
Signature of Applicant

Ethel Pogue



Social Security Administration

Date: March 11, 2019
BNC: 19BI291K16561
REF: A ,DI

ETHEL V POGUE
A2001
2175 S STATE HWY 121
LEWISVILLE TX 75067-6578

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2018, the full monthly Social Security benefit before any deductions is \$1,124.10.

We deduct \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is \$1,124.00.
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of each month.

Type of Social Security Benefit Information

You are entitled to monthly disability benefits.

Information About Supplemental Security Income Payments



Reloadable Prepaid Card

Name MICHAEL ANDERSON
 Period 2/8/2019 - 3/7/2019
 Transaction Type -- All types --
 Card Number **** * 4549
 Beginning Balance \$0.47
 Ending Balance \$0.47
 As of 3/11/19, 10:32am

Transactions

Date	Description	Type	Status	Amount	Balance
2/26/19	METROPCS MOBILE Location:BELLEVUE, WA Purchase Date:2/26/19 Category: Utilities	Purchase	Posted	-\$100.00	\$0.47
2/25/19	DD:SSI TREAS 310-XXSUPP SEC Location: Purchase Date:1/1/01 Category: Funding	Funding	Posted	+\$771.00	\$100.47
2/25/19	WAL-MART #5092190 E ROUND Location:LEWISVILLE, TX Purchase Date:2/25/19 Category: Grocery Stores	Purchase	Posted	-\$666.00	-\$670.53
2/8/19	MONTHLY MAINTENANCE FEE Location: Purchase Date:1/1/01 Category: Fee	Fee	Posted	-\$5.00	-\$4.53

In case of errors or questions about your card, write to us at: Walmart MoneyCard Customer Service, P.O. Box 5100, Pasadena, CA 91117-0100 or telephone us at (877)937-4098. Call us or write to us as soon as you can if you think an error has occurred in your card account. If writing us, a [Transaction Dispute Form](#) is available for your convenience at www.walmartmoneycard.com. We must allow you to report an error until 60 days after the earlier of: (i) the date you electronically accessed your account, provided the error could be viewed in the electronic history; or (ii) the date we sent the FIRST written history on which the error appeared. You may request a written history of your transactions at any time by writing us at Written History Request, P.O. Box 5100, Pasadena, CA 91117-0100 or by calling (877)937-4098. When notifying us, you will need to tell us: (i) your name and Card number; (ii) why you believe there is an error, and the dollar amount involved; and (iii) approximately when the error took place. If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days.

We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, we may take up to 45 days to investigate. If we need more time we credit your Card within 10 business days for the amount you think is in error, so that you will have the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not provisionally credit the



Confirmation Of Residence

This is a letter of confirmation that our guest (s)

Ethel Pogue, Michael Anderson

are currently staying with us in suite # A2001

They checked in on (Date) 7-6-2017

and are currently paid through to (Date) 3-28-19

The suite rate is \$ 229

plus tax and surcharge for a total of \$ 261.85-weekly / 1,083.23-monthly

If you have any question you may contact us at:

Budget Suites of America
2175 S. Hwy 121
Lewisville, Texas 75067
Phone (214) 488 - 8282
Fax (214) 488 - 4900

A handwritten signature in dark ink, appearing to read 'M. Mens', written over a horizontal line.

General Manager

3-11-19

Date

Additional Comments:

Highway 121

1302 S State Highway 121 Business, Ste C
Lewisville, TX 75067

Phone: (972)219-6000 Fax: (972)219-6010



PAYMENT RECEIPT

Receipt # 5946302

Date: 2/2/2019 2:23:52 PM
Type: Monthly Payment
Client: Michael Anderson
Address: 2175 S HIGHWAY 121 APT A2001
LEWISVILLE, TX 75067

Policy #: TXAL00047107
Company: Windhaven Apex Limited

Method: CC to Company
Primary Agent: 1691:Zuleivy Quinter
Receiving Agent: 160:Veronica Martine

Amount	\$226.04
TOTAL	\$226.04
Paid	\$226.04
Balance	\$0.00

Client's Signature

Agent's Signature